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"Be prepared." The Importance of crisis planning in the Schools.

Jill Elizabeth Pratt

"Be Prepared." The Importance of Crisis Planning in the Schools.

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By

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Abstract

More often there are events occurring in society that leave children in a crisis state which affects them both emotionally and intellectually. School staff are prominent figures in the lives of children, and must be both prepared and knowledgeable in order to help during times of crisis. School Psychologists, in particular, are specifically trained in counseling and consultation necessary for effective crisis intervention. School Psychologists must be the leaders in creating and implementing crisis intervention plans in the schools.

The following project contains a literature review of crisis intervention, and a detailed crisis intervention plan for a small, rural district in upstate New York.

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"Be Prepared"- The Importance of Crisis Planning in the Schools

As the Scouts' motto states, preparation is the key in order to best handle any situation, especially a crisis. This is paramount in the schools, the institution in which children spend much of their early life, living and learning. Children are not immune to societal ills, many of which affect them both emotionally and intellectually. "School personnel must be forward thinking and anticipate that crises will occur in children's lives. They must be prepared to act and find ways to help children master the challenges of crisis when they occur" (Sandoval, 1988, p.3). Not only must staff be prepared but also knowledgeable when situations are overwhelming enough to precipitate a crisis.

The situation or the event itself is usually called a trauma. "A trauma is an objective event" (Cavanaugh, 1982, p. 318). Further, "a trauma is a powerful assault on the psychological well-being of a person and causes intense psychological pain [anxiety]. A trauma may or may not precipitate a crisis" (Cavanaugh, 1982, pp. 317-318). A crisis, on the other hand, is "a person's perception of an event as being dangerous or threatening, something they do not, cannot, or have not succeeded in resolving, removing, avoiding or controlling" (Steele and Raider, 1991, p.7). Cavanaugh (1982) states a crisis "...leaves a person incapable of functioning effectively" (p.317). When someone is in a crisis state their rational thinking and problem solving skills do not work well enough to find a plausible solution to the event they have experienced. "A person experiencing a crisis may show marked emotionality and greatly reduced cognitive functioning in the areas of memory, concentration, articulation of thoughts, organization, planning ability and other areas important for school functioning" (Sandoval, 1988, p.26). Therefore, preparation beforehand can provide the guidance and ideas needed to resolve a crisis.

McMurrian (1977) describes the several types of crises that a person may experience. As a person ages, he goes through many different stages in life. This type of crisis is noted as maturational, or emotional upheaval at naturally occurring transition points. Another type is specified as exhaustion. A crisis is thought to be exhaustive if, for example, a family is living

under an extended period of stress, and all of a sudden the family can no longer cope with the source of the stress. A third type of crisis is known as shock. Shock crises are caused by profound, dramatic tragedies which forces a person to make a difficult and painful adjustment (p.10).

Pitcher and Poland (1992) describe the three phases a person in crisis will progress through. There is not a specified time limit for each phase since crises affect people in different ways based on their perception of the event and their reaction to it (p.42). The first phase is called the impact phase (p.39). During the impact phase people's emotions are "running high" (p.39). Usually a simple or logical solution to the problem is overlooked in this phase (p.39). It is important that school personnel, such as the school psychologist, do the following during this stage. Objective parties must take immediate steps to gain control of the situation (p.39). The situation or problem needs to be thoroughly assessed in order to make a plan for action (p.39). Dispositions and decisions need to made, again to help formulate a plan for the person in crisis (p.39). Lastly, referrals and follow-up for those in crisis needs to be completed (p.39).

The second phase that Pitcher and Poland (1992) discuss is the recoil phase. While in the recoil phase the immediate crisis has passed, and a person's emotional responses to the trauma are beginning to set in (p.41). Since the person is usually experiencing a range of emotions including anger, denial and/or sadness, it is important for the support person to communicate that the feelings are normal, and that they need to be shared (p.41). "It is very common, in fact quite *normal*, for people to experience emotional aftershocks when they have passed through a horrible event" (Carroll, 1997). No one should keep strong emotions inside. Expression helps bring healing and eventual adjustment.

The third and final phase of a crisis is the resolution or adjustment phase. This is usually a longer phase after the initial strong emotions have subsided (Pitcher & Poland, 1992, p.41). During this phase a person returns to a pre-crisis level of functioning, managing to cope with the tragic event that occurred (Pitcher & Poland, 1992, p.41). This phase may take months or event years (Pitcher & Poland, 1992, p.42).

Some of the early contributors to crisis intervention include Erich Lindermann, Eric Erikson and Gerald Caplan. Lindermann, in 1944, studied the effects on people who lived through the Coconut Grove nightclub fire of the 1930's. He is noted for researching crises of transition, usually exhaustive or shock crises (Sandoval, 1988, p.3) In 1962, Erikson's work describes how developmental or maturational crises may arise. Caplan's focus since 1961 has been on prevention (Sandoval, 1988, p.4). His work has laid the foundation for crisis planning in the schools.

Schools are well-prepared in case of fire. "Historically, schools have conducted fire drills at least once a month. It is clear that a fire is not the only or even the most likely crisis that might occur at school" (Poland, 1994, p.181). In fact, many young people today may encounter "violence, murder, sexual abuse, parental divorce, poverty, illiteracy, teenage pregnancy, in addition to natural disasters such as floods and tornadoes" (Steele & Raider, 1991, p.5). Facing situations such as these "can cause deleterious effects on cognition including memory, school performance and learning" (Pynoos & Nader, 1988, p. 456). School staff need to be informed that a child needs to be emotionally healthy before maximal learning can occur. Therefore, crisis intervention planning with specific steps for school personnel is essential to not only handle the situation itself, but also the emotional aftermath that is caused by the event. Unfortunately, "the sad reality is that most schools' crisis planning takes place only after a tragedy occurs" (Poland, 1994, p.177).

The first reported crisis incident involving school children occurred in Chowchilla, California during the 1970's. An entire busload of children were kidnapped and buried in the desert. According to the report, none of the children were physically hurt when they were rescued. Afterward, the children were told to go home and forget the incident, believing that only a small percentage of the school children would suffer permanent psychological effects. The follow-up study conducted on these children five years after the kidnapping found that one hundred percent of the children had psychological problems, including anxiety, depression and fear, as a result of the incident (Sandall, 1986, pp.1 and 2).

Many school districts across the nation learned from this terrible tragedy (Sandall, 1986, p.2). One is located in Cokeville, Wyoming. This district suffered from a bombing incident, but Cokeville appeared to be able to cope with this crisis situation because the district took immediate steps in the bombing aftermath which was unlike the California incident (Sandall, 1986, p.2). By taking immediate action, the district was able to keep the children involved from suffering permanent psychological scars. The children were allowed to discuss their feelings. In fact, "those children who verbalized most effectively and in the greatest quantity have managed recovery best" (Sandall, 1986, p.2).

The type of preventative effort undertaken in Cokeville is understood as tertiary prevention or crisis management (Pitcher, Poland, & Lazarus, 1995, p.446) . Tertiary prevention "aims to repair damage from the occurrence of a crisis" (Pitcher, Poland, & Lazarus, 1995, p.446). Even better is secondary prevention which usually includes activities that arrest potential crises from escalating (Pitcher, Poland, & Lazarus, 1995, p.446). The best form of preparation for a crisis is primary prevention (Pitcher, Poland & Lazarus, 1995, p.446). Primary prevention stops the crisis altogether by having children participate in activities that are contrary to a crisis state such as conflict resolution and creative problem-solving (Pitcher, Poland, & Lazarus, 1995, p. 446).

Since most crisis planning seems to generally be done after living through a tragedy, several states are now taking the initiative to change this and are becoming even more preventative in terms of crisis planning (Poland, 1994, p.176). A few states "have enacted legislation to address the area of school crisis planning (Poland, 1994, p.176). The most significant legislation, passed in South Carolina, requires a school to have a crisis plan" (Poland, 1994, p.176). By having specified plans for the various situations that may occur today, these schools will not "get caught with their crisis plans down!"(Pitcher & Poland, 1992, p.4). "Our schools and our society must emphasize prevention" (Poland, 1994, p. 187).

Even though almost thirty years of crisis intervention research has been undertaken, "crisis intervention appears to be in its infancy in the school setting" (Pitcher & Poland, 1992, p.4).

States such as South Carolina see the significance for crisis planning, and the need to do so is spreading across the nation. However, crisis intervention planning must not be viewed as a one time task. Rather, "school crisis planning must be viewed as an ever evolving task that needs to be listed as a priority on the job descriptions of administrators and school psychologists" (Poland, 1994, p.176).

The role of the school psychologist has been recently changing and expanding. With these changes comes the opportunity for school psychologists to show how valuable the services they provide to school children really are. "It is imperative that school psychologists step forward to provide leadership in this important area as our training provides us with the perspective to understand all three levels of crisis intervention" (Poland, 1994, p. 187). "School psychologists are readily available to school personnel and students in times of crisis" (National Association of School Psychologists, 1993, p. 1222). School psychologists should be "developing crisis intervention plans and providing services in reaction to crises" (National Association of School Psychologists and the National Coalition of Students, 1993, p.1206). Becoming involved in crisis intervention "affirms that school psychological services are essential" (Pitcher, Poland, & Lazarus, 1995, p. 445). Additionally, providing crisis intervention skills in the schools is "a way to expand their attention to providing school psychology services to all children and not just youngsters in exceptional student education" (Pitcher, Poland, & Lazarus, 1995, p.445). Crises in schools are ever increasing, and this fact is validating the notion that "crisis intervention skills are becoming indispensable..." (Pitcher, Poland, & Lazarus, 1995, p. 445). Finally, when school psychologists take the initiative in crisis planning and show that "lives are saved as a result of their intervention, this becomes the most potent rationale for the creation of new positions" (Pitcher, Poland, & Lazarus, 1995, p.446).

The training of the school psychologist makes him the logical person to turn to in a crisis. The school psychologist provides the support and has the ability to calm and control a problematic situation (Pitcher & Poland, 1992, p.137). He can easily step in and provide the guidance necessary to teachers and students who are not and cannot proceed because of a lack of

rational thinking (Pitcher & Poland, 1992, p.137). The school psychologist can bring control to an uncontrollable situation, he can lead teachers and students to safety, call for medical assistance if it is needed, and he can document each step taken during the crisis state (Pitcher & Poland, 1992, p.137). In fact, "establishing control is part of the consultative role of the school psychologist" (Pitcher & Poland, 1992, p. 137). Moreover, the school psychologist is "a familiar voice that [can] calmly instruct staff and students as to what to do" (Pitcher & Poland, 1992, p.137).

Not only does the school psychologist present a calming influence in times of crisis, but also she is and objective staff member capable of collecting accurate information about the crisis situation. "It is important [for the school psychologist] to learn as much as possible about the nature of a crisis before becoming involved" (Pitcher & Poland, 1992, p.134). The school psychologist can also make sure that accurate information about the crisis situation is communicated to the school staff (Carroll, 1997). It is imperative that only factual information is disseminated (Carroll, 1997). Rumors must be dispelled (Carroll, 1997). All of these tasks necessary during a time of crisis easily blend with the school psychologist's abilities.

Since the skills and knowledge needed for crisis intervention seems to fit and strengthen our role as school psychologists, we must facilitate crisis intervention plans with the assistance of administrative personnel. However, "there is not a lot of attention in the literature given to school psychologists' involvement in crisis intervention" (Pitcher & Poland, 1992, p.35). Indeed, "there appear to be few reports of school psychologists using crisis intervention approaches" (Pitcher & Poland, 1992, p. 35). This may be because even the trainers of school psychologists "had not received systematic coursework in crisis intervention"(Pitcher, Poland, & Lazarus, 1995, p.445). As a result, much of what is known about crisis intervention in the schools "was learned through practical experience" (Poland, 1994, p.175). Therefore, as a school psychologist, one must be proactive in explaining to school personnel and actually practicing crisis intervention in the schools (Pitcher & Poland, 1992, p.36). This can be accomplished by being a school crisis team

member as well as providing individual and group support to those students in crisis (Pitcher & Poland, 1992, p.151).

Exactly how a crisis team should be composed is subject to debate. The Sheridan Wyoming school district is located in a rural area where services and resources needed for crisis are not centralized. Yet, the district has a detailed crisis plan ready to be mobilized by a team of only three people. In fact, school crisis teams should have no more than eight people, but it is better to have more crisis helpers than too few (Pitcher & Poland, 1992, p.136). However, the more people involved the more difficult it is to organize and maintain a team, and school personnel have no control over people who work outside the school (Pitcher & Poland, 1992, p.153). The preferred model for a crisis team in any school district is "combined that utilizes building personnel and professionals who regularly do not work in the building" (Pitcher, Poland & Lazarus, 1995, p. 448). However, "the presence of the 'outside' crisis helper has the potential either to escalate or de-escalate the situation" (Pitcher & Poland, 1992, p.135). Having both internal and external crisis helpers is the most thorough approach because it allows for the "teaming of the teams" (Pitcher & Poland, 1992, p.153).

Generally, large urban districts benefit from building crisis teams because urban districts are usually too large for other models to work efficiently (Pitcher & Poland, 1992, p.152). Some advantages to in-building teams include the familiarity the staff have with the crisis team members and that more day-to-day crisis planning can take place because of the ease in gathering the team members (Pitcher & Poland, 1992, p. 153). Medium sized districts work well with district teams which includes the building team and the ability to call upon other teams within the district as needs arise (Pitcher & Poland, 1992, p.152). In rural districts, as in Sheridan, community teams are a more "practical consideration" (Pitcher & Poland, 1992. p.152). A community team involves "both school and non-school personnel such as the police, the fire department, and medical as well as mental health personnel" (Pitcher & Poland, 1992, p.152).

When establishing a crisis team for the district as a whole and the school building in particular, it is important to emphasize that "membership on the team be voluntary" (Pitcher,

Poland, & Lazarus, 1995, p. 448). School personnel who do participate in the crisis team should have specified roles (Carroll, 1997). Usually these include someone in charge of medical needs, a media spokesperson, a law enforcement contact, a campus coordinator and a teacher/student/parent liaison (Pitcher & Poland, 1992, pp.158-167) . Even though the school psychologist is not a mandatory team member, it is advised that she take the opportunity to be involved in crisis intervention, to maximize the use of his skills in counseling and consultation in order to help students and staff when faced with a crisis (Pitcher & Poland, 1992, p.36).

It is important to stress the difference between crisis intervention counseling from other forms of counseling that a school psychologist may provide (Cavanaugh, 1982, p.320). Usually in a counseling relationship, a mental health professional actively listens, reflects and may provide insight in order for the counselee to see a problem from a new perspective and in that way help the counselee come up with a possible resolution (Cavanaugh, 1982, p.320). In crisis intervention, however, the counselee is already in a crisis state and is unable to effectively problem-solve on their own. In effect, "crisis intervention demands a helping relationship in which the helper takes the responsibility necessary to help the family to deal constructively with their own problems" (McMurrian, 1977, p.4). It is important for the school psychologist to be "assertive and problem-solving oriented in crisis intervention counseling (Steele & Raider, 1991, p.63). Basically, "problem-solving is at the core of crisis intervention" (Steele & Raider, 1991, p.13). When school psychologists engage students and their families in problem-solving behavior it "reduces stress by eliminating the family's immediate problem allowing for an evaluation of the crisis state and how to build a long-range solution" (McMurrian, 1977, p.17). This tact "also calms the family's emotions by focusing on talking it out and thinking, not feeling and distancing" (McMurrian, 1977, pp.17 and 18).

Another difference between crisis intervention and other forms of counseling is that crisis intervention is time-limited. Usually "the state of active crisis will not last longer than four to six weeks" (Steele & Raider, 1991, p. 13). If after the initial crisis period a mental health professional judges that a family or individual needs more intense or prolonged services, he should

refer out to appropriate sources (Steele & Raider, 1991, p.13). "Schools are not designed as clinical settings and so are not in the business of providing treatment (Steele & Raider, 1991, p.14). The problem-solving approach to crisis intervention allows schools to remain within the boundaries of their responsibility to provide guidance, support and opportunities to learn new ways of coping so as to stabilize the student" (Steele & Raider, 1991, p. 14). During the short-term relationship the psychologist's goals for the family or the individual should be to "assist people in understanding their current situation and their reactions, in addition to reviewing their options and providing emotional support and encouraging linkages with other individuals and agencies who may be able to provide additional help" (Flynn, 1994, p.1). In crisis situations the assistance should be focused and brief as Brian Flynn (1994) at the U.S. Department of Health and Human Services states:

> "while sound research is scarce, incomplete and often inconclusive, throughout the twenty years of the crisis counseling program, it has been our experience that, while large numbers of people may demonstrate some of the diagnostic criteria consistent with several mental disorders [notable PTSD], few actually develop a full blown diagnosable mental disorder significant enough to warrant long-term treatment" (p.2).

In the schools short-term crisis intervention is used in order to sort through emotional responses and to try to return to "normal" school routine as soon as possible (Carroll, 1997). In the interim, however, "children should be given permission to express a variety of emotions" (Pitcher, Poland, & Lazarus, 1995, p. 450). Processing and validating emotional reactions will help the children in crisis recover more quickly and completely (Pitcher, Poland & Lazarus, 1995, p.450). Ways that school psychologists and other school personnel can help children go though this process is termed emotional first aid. "Psychological first aid addresses immediate concerns" (Pitcher, Poland, & Lazarus, 1995, p. 450). Emotional first aid can be employed by teachers who have the most contact with students. The emotional first aid should be tailored to a child's developmental level. Pynoos and Nader (1988) specify activities based on grade level of the child. Generally, children should be allowed to process the trauma they just experienced by talking it

out, drawing or playing. These activities help they child make sense of the event so that they can start to cope. These will also help them to more quickly return to reality. "School age victims of a disaster should be encouraged to resume many of their daily activities" (Pitcher, Poland, & Lazarus, 1995, p.455). Returning to the daily routine of the school day after allowing for processing time will help the child feel more in control amidst the chaos (Pitcher, Poland & Lazarus, 1995, p.455)..

Staff also need to process the event (Carroll, 1997). They also have emotional needs (Carroll, 1997). This should be done in a group, usually in a faculty meeting, and this portion of the process is termed debriefing. Debriefing "provides individuals an opportunity to tell their story, ventilate their feelings and have their emotional reactions validated" (Pitcher, Poland, & Lazarus, 1995, p.451). "Debriefing emphasizes open communication, honesty and the expression of feelings. In addition, it can help bring individuals together and assist in creating a support system" (Pitcher, Poland, & Lazarus, 1995, p.451). "Debriefing is not therapy, though it is therapeutic" (Pitcher, Poland & Lazarus, 1995, p. 451).

Debriefing is a specific and structured process. "It usually involves a facilitator and a scribe" (Pitcher, Poland & Lazarus, 1995, p.452). The school psychologist will fit quite easily into the role of the facilitator. They can act as "debriefing leaders" (Pitcher, Poland & Lazarus, 1995, p. 452). The debriefing session with staff should be held twenty-four to seventy-two hours after the event (Pitcher, Poland & Lazarus, 1995, p.452).

In order for crisis intervention planning to be successful in the school, the school psychologist must not only initiate the process, but also revisit the plan and evaluate it after a crisis occurs (Pitcher, Poland & Lazarus, 1995, p.454). When a crisis hits, "evaluation is needed in order to assess for intervention effectiveness" (Pitcher, Poland, & Lazarus, 1995, p.454). The crisis team needs to also designate a member to document the staff's activities during the crisis state (Pitcher, Poland & Lazarus, 1995, p.454). The documentation is also used for evaluation to improve the plan for the next crisis (Pitcher, Poland, & Lazarus, 1995, p. 454). Most important in crisis intervention planning is putting the plan into action during a phase of calm or crisis drills

(Carroll, 1997). Just as schools have mandated fire drills, schools should also plan for crisis drills because "students are not going to do what you need them to do in a moment of crisis unless you have practiced it with them and have clearly emphasized the need for students to follow the directives of an adult with no questions asked" (Poland, 1994, p.181). Overall, "schools can do much to improve their management of school crisis situations through advanced planning and constantly evolving crisis plans" (Poland, 1994, p. 187). School psychologists have much to gain from the opportunities that crisis situations present (Pitcher & Poland, 1992, p.36). Our training and knowledge make us extremely valuable to the school system during any crisis situation that may develop. We must seize this chance to show our worth as mental health professionals in the school by becoming actively involved in crisis intervention in the schools.

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CRISIS INTERVENTION PLAN

Marion Elementary School
3863 N. Main St.
Marion, NY 14505

document created 6/97

Many thanks to Servio Carroll, NCSP, and the Sheridan Wyoming Schools for providing the framework for this project.

Much of the ideas and information presented in this project has been formulated specifically for rural districts, as both the Sheridan and Marion districts are. Many of these ideas have been used in crisis situations in Sheridan. Their plan is ever-evolving, evaluated and changed as crises arise. What is included for the Marion Central School District has been proven effective in the Sheridan County School District.

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Marion Central School

Crisis Intervention Policy

There are many situations that occur outside the realm of school that can and do affect students and school personnel emotionally. These can include the death of a student or faculty member from a tragic accident, illness, suicide, or any serious injury from an accident or natural disaster. An occurrence of this nature usually creates confusion within the school system. Many individuals in systems do not know how to deal with crises such as death and its effects. When these events occur the ability of school personnel to respond is inhibited by the effects of stress associated with the crisis.

Preplanning and prevention are extremely important to help systems deal with such events effectively. This can be accomplished through workshops which help people cope with these volatile situations.

The following is a recommended procedure that outlines ways that may prove helpful in facilitating a plan when faced with such a crisis. It is important that we all work together to help each other and our students cope with any crisis and attempt to return the school to normal functioning as quickly as possible as well as providing special assistance to those whom the crisis may impact.

Developed by: J. Pratt with assistance from:
M. Costello
J. Falanga
P. Lenhard
L. Malchoff
D. McClure
J. Ransome
G. Santelli

DEFINITION OF CRISIS

A **Crisis** is "an event that is highly unpredictable and extraordinary in its make-up. However, the way individuals behave in a crisis situation is very predictable and consistent."

"During a crisis situation the familiar coping mechanisms of many students and staff will break down. If support is not provided in a timely manner, affected individuals are left vulnerable to disorganization and potential developmental problems. This condition can also begin to affect others not directly involved and begin to impact the effectiveness of the entire organization."

If not handled quickly and in an organized fashion, "...the entire organization is in danger of disorganization and disruption."

Therefore, a crisis plan, both concise and available, is necessary to help return organizations and the individuals involved back to "normal" functioning as soon as feasibly possible.

Some information, quoted above, taken from the Sheridan County School District No. 2 Crisis Intervention Plan

CRISIS TEAM MEMBERS
(in priority order)

1.	Principal, Michele Murdock	(315) 926-4256 ext.
2.	School Nurse Practitioner, Anne Owens	(315) 926-4256 ext. 216
3.	School Psychologist, Johnine Simpson	(315) 926-4256 ext. 224
4.	School Psychologist Intern, Annette Holihan	(315) 926-4256 ext. 325

ROLES OF THE TEAM MEMBERS

Principal- The principal is the head coordinator. He/She should be contacted first in any crisis UNLESS there is a life and death situation, in which the nurse needs to be notified prior to calling the principal. The principal is aware of all people and events in the school building during a crisis situation.

Nurse- The nurse needs to be contacted in a life or death situation, or if there are any injuries of any kind. The nurse will call for further assistance from emergency personnel as the situation warrants. The nurse will monitor the emotional health of the individuals in the building. She will have a "crisis box" of necessary supplies.

Psychologist- The psychologist will be contacted by the principal if there are students in need of counseling. The psychologist is also knowledgeable about outside agencies that affected individuals can seek out for further support.

Intern- The psychologist intern will counsel individual students in-house as per instructions from the psychologist.

Marion Elementary Telephone Tree
(Portion of District List 1996-1997)

In order of contact:

Don Conning, Superintendent will call:	(315) 926-2300
Michele Murdock who will call etc....	
Sharon Bade	(315) 331-7014
Meredith Sorensen	(716) 586-2346
Suzanne Archer	(716) 381-2380
Sarah Dysinger	(716) 223-7572
Sharon Bade	
Sharon Drake	(315) 926-5394
Roberta Chapman	(315) 331-1072
Christa Foro	(315) 587-2230
Kimberly Perkins	(315) 587-9691
Meredith Sorensen	
Jennifer Blondale	(716) 338-1423
Margaret Weiler	(716) 586-6702
Cynthia Smith	(716) 288-3034
Margaret Weiler	
Kathleen Cappon	(315) 986-1769
Dianne Agostinelli	(716) 581-2949
Trisha Sullivan	(716) 377-3906
Sharon Drake	
Susan Harrelson	(315) 926-7601
Stacy Cook	(315) 986-1355
Anne Owens	(315) 926-5466
Susan Harrelson	
Mary Ellen Buckley	(315) 926-5494
Kelli Freeland	(315) 926-5802
Sandra Moran	(315) 524-4745
Anne Owens	
Sandy Trunzo	(315) 331-6976
Joan Fisher	(315) 926-5346

Mary Ellen Buckley

Beth Bushart	(315) 926-5138
Elaine Chapin	(315) 926-5005
Gary DeMay	(315) 926-5120

Roberta Chapman

David Reynolds	(315) 946-4579
Carol Lewis	(315) 331-5524
Michelle Messenger	(315) 597-3540

Suzanne Archer

Phyllis Stock	(716) 383-0103
Julie Zeller	(716) 289-3359
Amy Smith	(716) 242-2075

Beth Bushart

Margaret Gardener	(315) 926-5020
Richard Gigliotti	(315) 926-5242
Julia McKane	(315) 926-5398

Elaine Chapin

Mary Alice Miller	(315) 926-7742
Carol Walker	(315) 926-5053
Susan Mooney	(315) 926-4833

Stacy Cook

Mary Lou Reisdorf	(315) 597-5900
Adeline Sauer	(315) 986-1396
Joan Bradford	(315) 986-1066

Gary DeMay

Richard White	(315) 926-4927
Dorothy Wiant	(315) 926-7729
Judith Witter	(315) 926-5945

David Reynolds

James Sholly	(315) 946-4681
Julie Wunder	(315) 946-6393

Susan Mooney

Barbara Ressue	(315) 926-5169
Kim Pezza	(315) 589-8209
Beth Murphy	(315) 926-7715

Dale Steurrys	
Dorothy Bliek	(315) 926-4863
Rodney Adriaansen	(315) 926-4814
Robert Natt	(315) 926-7746
Margaret Gardener	
James Wolfanger	(315) 926-7716
Patricia Dick	(315) 589-8053
Cathleen Thomas	(315) 331-8564
Patricia Dick	
Helen Crane	(315) 524-1938
Anne Riley-Hill	(315) 524-0096
Helen Crane	
Janice Semans	(315) 524-7763
Kathy Spalding	(315) 524-7008
Warren Bushart	
Joyce Salisbury	(315) 926-5167
Vern Couperus	(315) 926-5895
Deborah Johnson	(315) 926-5323
Patricia Wilson	(315) 926-4481
Vern Couperus	
Eleanor Vincent	(315) 589-9038
Kathleen Goodridge	(315) 926-4801
Debbie Leeuwen	(315) 926-5963
Susanne Milliman	(315) 926-5098
Joyce Salisbury	
Lynnette Lake	(315) 926-4651
Catherine Peelen	(315) 926-5500
Marjorie Reynolds	(315) 926-5541
Lynnette Lake	
Ester Banke	(315) 926-5256
Cynthia Bulau	(315) 926-4410
AldeenWeis	(315) 926-4916

COMMUNITY AGENCY CONTACTS

Superintendent of Schools-	(315) 926-2300
Ambulance Fire Rescue	(315) 926-5615
Wayne Co. Sheriff	(315) 946-9711
State Police	1-800-342-4357
Marion Town Supervisor	(315) 926-4145
Transportation Supervisor	(315) 926-8333
Kelly School, Newark	(315) 331-5150

IN THE EVENT OF **ANY** CRISIS SITUATION:

1. A school staff member involved must contact the principal. If the principal is unavailable, contact the school nurse.

2. The principal or the nurse will call for police and/or ambulance assistance as needed.

3. The principal or the nurse will contact parents and legal guardians of the children involved.

4. The Superintendent is the **ONLY** media contact person.

5. Staff get students to a safe place and model a calm manner.

6. The principal, nurse or school psychologist will gather the facts about the crisis situation. These team members will meet in the Conference room for discussion.

7. Factual information will be communicated to staff by PA system or written notice depending upon the incident.

8. The school psychologist will record the steps taken during the crisis.

In Addition:

The crisis team will convene annually to discuss staff training and evaluate this crisis plan. Crisis drills will be planned out and take place twice a year. Staff training and drill practice should take place during two designated "Curriculum Wednesday's

Administrators: Follows steps in "Administrative Guidelines"

Teachers and Staff: Follow steps in "Teacher/Staff Guidelines"

ADMINISTRATIVE GUIDELINES FOR CRISIS SITUATIONS

SUGGESTED STEPS FOR SPECIFIC SITUATIONS

Abduction- Witnessed

____1. Establish a faculty meeting to notify teachers and staff.

____2. Have School Psychologist and School Psychologist Intern visit child's classroom to provide group or individual counseling. Provide follow-up as needed.

____3. Have Superintendent prepare a media statement or speak with the media as the school's representative.

____4. Have principal construct a letter to parents to warn about possible additional abductions

Abduction- Not Witnessed

____1. Verify child as missing

____2. Contact principal or nurse

____3. Crisis team members conduct a thorough search of building and school grounds

____4. Follow steps #1-#4 of Witnessed

Accident with Severe Injuries-

____1. Contact school nurse

____2. Have one staff member remove uninjured students from the scene

____3. Other staff on scene assist nurse until emergency personnel arrive

____4. Principal will notify parents/siblings of children involved

____5. School Psychologist/Intern will provide necessary counseling support for affected students/staff

____6. Arrange and conduct faculty meeting

____7. Superintendent handles media/press

Assault of student-

____1. Contact principal or nurse

____2. Nurse provides medical attention
*Keep identity protected in case of rape

____3. Principal will contact parents of the victim

____4. If alleged assailant is a student, principal will conduct parent conference

____5. Psychologist will provide counseling and or appropriate community contacts for victim

Bomb Threat-

The receiver of the call should:

_____1. Remain calm and courteous. Listen, do not interrupt the caller

_____2. Notify principal by prearranged hand signal

_____3. Pretend difficulty with hearing

_____4. Keep the caller talking. Inform caller that the building is occupied and detonation could cause injury/death

_____5. If caller is agreeable to further conversation, ask the following questions:

a. When will it go off? Certain hour _____
   Time remaining _____
b. Where is it located? Building_____
   Area _____
c. What kind of bomb?
d. Where are you now?
e. How do you know so much about the bomb?
f. What is your name?_____
   Address?_____
g. Does caller seem familiar with the building based upon description of the bomb's location?

_____6. Write out the message in its entirety, and any other comments and give immediately to principal

Bomb Threat (cont'd)

_____7. Receiver should complete the following: Mark the appropriate response

a. The caller's identity- male/female, adult/juvenile, approximate age _____

b. Origin of call- local, long distance, booth

c. Voice characteristics

___ loud ___ high pitch ___ raspy
___ soft ___ deep ___ pleasant
___ intoxicated ___ other

d. Speech

___ fast ___ distinct ___ stutter
___ slow ___ nasal ___ lisp
___ slurred ___ distorted ___ other

e. Language

___ Excellent ___ Good ___ Fair
___ Poor ___ Foul ___ Other

f. Accent

___ Local ___ Not Local ___ Foreign

g. Race _____

h. Background noises

___ Factory machines ___ Trains
___ Bedlam ___ Animals
___ Music ___ Quiet
___ Office Machines ___ Voices
___ Mixed ___ Airplanes
___ Street Traffic ___ Party Atmosphere

i. The caller's manner/emotional state

___ Calm ___ Rational ___ Coherent
___Angry ___ Irrational ___ Incoherent
___ Deliberate ___ Emotional ___Righteous
___ Laughing

Bomb Threat Procedures-

____1. Receiver should immediately contact Principal

____2. Principal will contact Superintendent, and notify Head Custodian, Psychologist, and Assistant Superintendent

____3. The principal will evacuate the building, weather permitting, to the athletic fields. Have teachers and staff take class lists

____4. In inclement weather, the gymnasium will be used after volunteer* staff have searched

____5. Principal will contact State Police

____6. Building will be searched by State Police and volunteer* staff

____7. Notify transportation supervisor if bussing is affected

____8. Superintendent will close the school if very unusual conditions are found. Otherwise classes will resume after building is declared safe

* Volunteer staff members should be assigned specific areas to search to expedite matters

Dangerous/Irate person on school grounds-

____1. Contact the principal

____2. Principal will notify police

____3. Principal will be with the staff member as the person is identified

____4. If the person is a parent or has a legitimate reason to be there, discuss his/her needs in the office

____5. If the person's reason is not legitimate, ask him/her to leave or if necessary have the person removed

Death at School: Natural, Accident, Homicide or Suicide-

____1. Contact principal or nurse

____2. Have staff remove students from the area

____3. Principal or nurse will contact emergency personnel

____4. Principal or nurse will contact family members

____5. Establish faculty meeting

____6. School Psychologist and School Psychologist Intern will provide necessary counseling support

____7. Superintendent will prepare a statement for the media

____8. Principal will prepare a letter to parents to inform them

Death Off Campus-

____1. Verify the death

____2. Contact Principal

____3. Principal notifies the Superintendent

____4. Use of phone tree to inform faculty and staff

____5. Follow steps #4-#8 of Death at School

Ginna Nuclear Alert or Drill-

____1. Superintendent will notify Principals, Transportation Supervisor, and Head Custodian

____2. Nurse, School Psychologist, and Clerical staff will leave immediately for the Newark Kelly School to organize. Psychologist will take class lists, and Nurse will take medications and medical information

____3. Transportation Supervisor contacts bus drivers to report to specific locations

____4. Principal, through PA system, will instruct all students to immediately return to homeroom where attendance will be taken (Call Office if there is a problem)

____5. Custodial staff takes necessary precautions to shut down building ventilation system, doors, etc...

____6. Transportation Supervisor notifies Principal when buses are ready

____7. Principal loads buses with students to be evacuated to Newark* Loading procedures will be in order of arrival. **All students will be transported via school operated vehicles to Newark *Kelly School. NO EXCEPTIONS!**

____8. Wheelchair bound students will be transported via lift bus to Newark. If a lift bus is unavailable, students will be transported in the best means possible

____9. Student attendance will be taken by teachers as students board the buses

____10. Any attendance problem is reported to the Superintendent

Further information regarding Ginna procedures is located in Appendix A and in the Staff Handbook

School Bus Accident with Injuries-

____1. Principal will verify the report with the police gathering information as to which students and extent of injuries, and if any need to be hospitalized

____2. Students with minor injuries will be treated by Nurse

____3. Principal or nurse will prepare a list of the injured students' parents emergency phone numbers

____4. Psychologist and intern will provide support in affected classrooms

____5. Principal will prepare a factual statement for phone inquiries

____6. Superintendent will prepare a statement for the media

Serious Illness of Student or Faculty Member-

____1. Principal or nurse will confirm information by contacting family members

____2. Establish faculty meeting

____3. School Psychologist and School Psychologist Intern will assist teachers in informing students providing additional support as necessary

____4. Principal will update staff of the condition of the person who is ill

___5. Staff will plan for the person's return or for saying good-bye should withdrawal or resignation be necessary

Violent Behavior of a Student

____1. Contact the Principal

____2. Principal will contact police if necessary

____3. Principal will notify School Psychologist

____4. Teacher, School Psychologist, Principal and/or other staff members will remove student and take him or her to Conference Room or other available area in Main Office

____5. Nurse will care for injured students and staff

____6. School Psychologist, principal and/or nurse will talk with student

____7. Principal will contact the student's parents

____8. School Psychologist/Intern will provide support in the classroom

Weapons on School Grounds-

I. Possession or exhibition of firearm or other lethal weapon

____1. If not in the student's possession, principal will confiscate the weapon

____2. Principal will notify police

____3. Superintendent will hold expulsion hearing with parents, student and other school personnel

____4. Decision made as to expel student from school

II. Gun Discharged

____1. Principal or nurse will call emergency personnel

____2. Principal will contact police

____3. If injuries, follow steps for Accident with Severe Injuries (p.14)

____4. Principal will inform staff to secure unaffected areas from the armed student

TEACHER/STAFF GUIDELINES FOR CRISIS SITUATIONS

INTRODUCTION

All teachers and staff should follow the steps under "What to do for any crisis situation." (p.11)

Do not talk with media representatives. Kindly refer them to the superintendent.

If not assigned a specific duty by a team member, teachers and staff are to keep the children calm and safe during a crisis. It is good to model a calm demeanor, even if you don't feel calm.

Always attend the established faculty meeting to learn the facts of the situation. It is important to have first-hand information.

When informing your class of an incident, give only the known facts. The information can be modified to be age-appropriate while remaining factual. Answer any questions children may have to the best of your ability.

Don't be afraid to ask for assistance from team members or other staff.

The goal is to return to "normal" functioning as soon as possible. However, it is extremely important to process the event and validate people's emotions. Working through a crisis helps to restore equilibrium making it possible to return to the school day.

TRAUMATIC EVENTS WHICH MAY LEAD TO PERSONAL CRISES

1. Parent death
2. Parents divorce
3. Parents separate
4. Parent travels as part of job
5. Close family member dies
6. Personal illness or injury
7. Parent remarries
8. Parent fired from job
9. Parents reconcile
10. Mother goes to work
11. Change in health of family member
12. Mother becomes pregnant
13. School difficulties
14. Birth of a sibling
15. School readjustment (teacher or class)
16. Change in family's financial condition
17. Illness or injury to a close friend
18. Starting new activity (Scouts, music lessons...)
19. Change in number of fights with siblings
20. Threatened by violence at school
21. Theft of personal possessions
22. Change in responsibilities at home
23. Older brother or sister leaves home
24. Trouble with grandparents
25. Outstanding personal achievement
26. Move to another city
27. Move to a new house
28. Change to a new school
29. Change in play habits
30. Vacations with family
31. Changing friends
32. Change in sleeping habits
33. Change in number of family get-togethers
34. Change in eating habits
35. Change in amount of TV viewing
36. Birthday party
37. Punished for not telling the truth

CRITICAL INCIDENT STRESS INFORMATION SHEET

You have experienced a traumatic event or a critical incident. A critical incident is any incident which causes one to experience unusually strong emotional reactions which have the potential to interfere with the ability to function either at the scene or later. Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite **normal**, for people to experience emotional after-shocks when they have passed through a horrible event.

Sometimes the emotional after-shocks (stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before they appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves.

BEHAVIORS THAT ARE SIGNS OF STRESS PEOPLE MAY DISPLAY

Physical signs-

- fatigue
- nausea
- muscle cramps
- twitches
- chest pain
- difficulty breathing* contact nurse immediately
- elevated blood pressure
- rapid heart beat
- thirst
- headaches
- visual difficulties

- vomiting
- grinding of teeth
- weakness
- dizziness
- profuse sweating
- chills
- shock symptoms* contact nurse immediately
- fainting

Cognitive signs

- blaming someone
- confusion
- poor attention
- poor decisions
- heightened or lowered alertness
- poor concentration
- memory problems
- hypervigilance
- difficulty identifying familiar objects or people
- increased or decreased awareness of surroundings
- poor problem-solving
- poor abstract thinking
- loss of time, person or place orientation
- disturbed thinking
- nightmares
- intrusive images

Emotional signs

- anxiety
- guilt
- grief
- denial
- severe panic
- emotional shock
- fear
- uncertainty
- loss of emotional control/ mood swings
- depression

Emotional Signs (cont'd)

- inappropriate emotional response
- apprehension
- feeling overwhelmed
- intense anger
- irritability
- agitation
- hopelessness

Behavioral signs

- change in activity level
- change in speech patterns
- withdrawal
- attention seeking
- emotional outbursts
- thumb-sucking
- suspiciousness
- defiance
- loner, isolated
- loss or increase of appetite
- inability to rest
- antisocial acts
- non-specific bodily complaints
- hyperalert to the environment
- intensified startle reflex
- pacing
- alcohol consumption
- lack of interest in opposite sex

SUGGESTIONS FOR THE STAFF TO CONSIDER FOR THE FIRST 24 TO 48 HOURS AFTER A CRISIS:

- Alter periods of exercise with periods of relaxation
- Structure your time, keep busy
- Reassure yourself that you are normal and having normal reactions. Don't label yourself crazy
- Talk with others. Talking about it is healing.
- Avoid caffeine: coffee, tea, chocolate, sodas etc...
- Reach out. People do care. Spend time with others.
- Maintain as normal a schedule as possible.
- Avoid the use of drugs and alcohol. Don't complicate the problem with substance abuse
- *Give yourself permission to feel rotten. It's NORMAL!
- Keep a journal. Write through those sleepless hours.
- Do things that feel good to you
- Realize that those around you are also under stress.
- Don't make any big life changes
- Do make routine daily decisions. Regain control.
- Eat regular meals, even if you don't feel like it.
- Get plenty of rest, as much as you can.
- Flashbacks are normal. Don't fight them. They'll decrease in time and become less painful. Seek professional help from a mental health provider or your physician if you feel overwhelmed. It's OK.

Some information taken from the Sheridan Co. School District No. 2 Crisis Intervention Plan

"FIRST AID" FOR CHILDREN BASED UPON GRADE LEVEL

Preschool through Second Grade

Response to Trauma	First Aid
• Helplessness and passivity	Provide support, rest, comfort, food, opportunity to play and draw.
• Generalized fear	Re-establish adult protective shield.
• Cognitive confusion (not understanding that the danger is over)	Give repeated, concrete clarifications.
• Difficulty identifying what is bothering them	Provide emotional labels (e.g., anger, fear, sadness) for common reactions.
• Lack of verbalizations- selective mutism repetitive non-verbal traumatic play, unvoiced questions	Help to verbalize general feelings and complaints.
• Attributing magical qualities to traumatic reminders	Separate what happened from physical reminders such as the place the trauma occurred.
• Sleep disturbances (night terrors and nightmares, fear of going to sleep, fear of being alone, especially at night)	Encourage them to let their parents know.
• Anxious attachments (e.g., clinging to parents)	Provide consistent caretaking (e.g., assurance of being picked up from school.
• Regressive symptoms (thumb sucking, enuresis, regressive speech)	Tolerate regressive symptoms in a time-limited manner.
• Anxieties related to incomplete understanding about death (person being "fixed up" or coming back)	Give explanations about the physical reality of death.

Third through Fifth Grade

Response to Trauma	First Aid
• Preoccupation with their own actions during the event; issues of responsibility and guilt	Help to express their secretive imaginings about the event.
• Specific fears, triggered by traumatic reminders	Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize.
• Retelling and replaying of the event (traumatic play)	Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions.
• Fear of being overwhelmed by their feelings (of crying, of being angry)	Encourage expression of fear, anger, sadness, in your supportive presence.
• Impaired concentration and learning	Be aware when thought and feelings may interfere with learning.
• Sleep disturbances (bad dreams, fear of sleeping alone)	Support them in reporting dreams; provide information about why we have bad dreams.
• Concerns about their own and others' safety	Help to share worries; reassure with realistic information.
• Altered and inconsistent behavior (e.g., unusually aggressive or reckless behavior, inhibitions)	Help to cope with the challenges to their own impulse control (e.g., acknowledge, "It must be hard to be so angry.")
• Somatic complaints	Help identify the physical sensations they felt during the event and link when possible.
• Hesitation to disturb parent with own anxieties	Offer to meet with children and parent(s), to help children let parents know how they are feeling.
• Concern for other victims and their families	Encourage constructive activities on behalf of the injured or deceased.
• Feeling disturbed, confused and frightened by their grief responses; fear of ghosts	Help to retain positive memories as they work through the more intrusive traumatic memories.

Adolescents (Sixth Grade and Up)

Response to Trauma	First Aid
• Detachment, shame and guilt	Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.
• Self-consciousness about their fears, sense of vulnerability; fear of being labeled abnormal	Help them understand the adult nature of these feelings, encourage peer understanding and support.
• Post-traumatic acting-out behavior (e.g. drug use, delinquent behavior, sexual acting out)	Help to understand the acting out behavior as an effort to numb their responses to, or to voice their anger over, the event.
• Life threatening re-enactment, self-destructive or accident-prone behavior	Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge of impulse control associated with violence.
• Abrupt shifts in interpersonal relationships	Discuss the expectable strain on relationships with family and peers.
• Desires and plans to take revenge	Elicit their actual plans for revenge; address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of helplessness.
• Radical changes in life attitudes which influence identity formation	Link attitude changes to the event's impact.
• Premature entrance into adulthood (e.g., leaving school or getting married) or reluctance to leave home	Encourage postponing radical decisions in order to allow time to work through their responses to the event and to grieve.

Reproduced from Pynoos, R., and Nader, K. (1988)

DEBRIEFING AFTER THE CRISIS

Debriefing

A faculty meeting should be held at the end of the day after the chaos from the crisis has subsided. During this meeting it is important that the faculty and staff members process the event and vent their feelings. Since the adults in the building are the support network for the students, spending time talking and sorting things out helps to gain the balance we need so we can fully reach out to the children in need.

One way to structure debriefing is to have a facilitator, usually a Crisis Team Member, work through the following series of phases:

Introductory Phase

Facilitator introduces himself/herself and provides the purpose for the meeting. He/She should provide the following ground rules:

1. Information must remain CONFIDENTIAL
2. The meeting is not a critique of performance, rather a debriefing session
3. Please remain for the entire session

Fact Phase

1. Ask each member to describe factually their role during the crisis
2. Remind- Just the Facts, no JUDGMENTS
3. Have each member describe the sensations they felt during the incident
4. Ask each person to share

Thought Phase

Moving toward a more personal level

1. Ask each person to share their thoughts
2. Facilitator asks thought-provoking questions
   (eg. "Was their a key thought at the scene that you can't shake off?" and/or "Have you had any thoughts about the incident since you were there that you would like to share?")

Reaction Phase

Ask questions such as:

1. "What was the worse thing for you at the time?"
2. "If you could erase anything from the event, what would it be?"

Symptom Phase

Ask the following types of questions:

1. "What unusual things did you experience at the time of the incident?"
2. "What usual things are you experiencing now?"
3. "Has your life changed in any way since the incident." (Work and/or home life etc....)

Teaching Phase

1. The leader teaches about stress responses and emphasizes that these reactions are NORMAL

Re-entry Phase

1. Answer any further questions
2. Provide reassurance
3. Develop a group plan of action if necessary
4. Summarize the meeting
5. Remind about confidentially
6. Provide contacts for further assistance

Some information taken from the Sheridan Co. School District No. 2 Crisis Intervention Plan

REFERENCES

Carroll, S. (1997). Crisis Management Plan in Rural Community [Computer Software]. Sheridan, Wyoming: Author.

Pitcher, G. & Poland, S. (1992). Crisis Intervention in the Schools. New York: Guilford Press.

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Appendix A

Procedures for a Ginna Nuclear Power Plant Drill

In the event of a Ginna Alert, all classess return to their homeroom. Children are to be picked up by homeroom teachers if the children are in special class, lunch, etc.... Once in the homeroom, teachers should wait for instructions over the PA system.

These teachers, teaching assistants, and teacher aides should report to the following areas:

1. Julie Zeller to third floor, front stairs by room 323.
2. Helen Crane, Rich Gigliotti, Dianne Agostinelli, and Dick White to front of school to assist in loading children.
3. Kathleen Cappon's class will report to specific classrooms to which they are assigned for homeroom attendance. Kelli Freeland will accompany Miss Cappon's students with a specific homeroom on the bus, where needed.
4. Judy Witter's classess to front of school to ride bus to Newark. Her students will return to their specified homerooms.
5. Kris Williams to south door outside (near room 219).
6. Barb Ressue to middle door outside (near room 213).
7. Dorothy Wiant to north door outside (near room 205).
8. Carol Lewis to check ground floor bathrooms and monitor hall.
9. Phyllis Stock to main floor stairs by auditorium.
10. Kim Pezza to main floor stairs by room 213 and check bathroom by stairs and to main floor stairs (north) by room 205.
11. Adeline Sauer to monitor hall and stairs by room 307 and check bathrooms in the area.
12. Susan Mooney to third floor, front hall by center stairs (room 315) and check girls' bathroom.
13. All staff are responsible for assisting substitutes in the correct Ginna procedures.
14. Buses will be loaded to capacity and depart! Classes may be separated. Please prepare students.

No children are to be sent anywhere until staff are notified by PA. Staff listed above are to report to theor designated after being notified over PA system. All staff will ride buses for the evacuation drill.